

PTO/SB/21 (08-08)

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TRANSMITTAL  
FORM

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Total Number of Pages in This Submission

Application Number	09/871,441 (US Pat No 6,887,882)
Filing Date	05/31/2001
First Named Inventor	Steven J. Rychnovsky
Art Unit	1614
Examiner Name	Henley III, Raymond J.
Total Number of Pages in This Submission	2
Attorney Docket Number	0120102

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OCT 25 2006

## ENCLOSURES (Check all that apply)

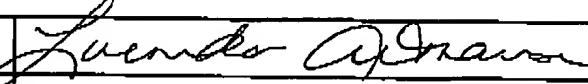
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## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Bryan Cave LLP		
Signature			
Printed name	Lucinda A. Althauser		
Date	10/25/2006	Reg. No.	59,101

## CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Lucinda A. Althauser	Date	10/25/2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/83 (01-08)

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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
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Application Number	09/871,441 Pat No. 6,887,862
Filing Date	May 31, 2001
First Named Inventor	Steven J. Rychnovsky
Art Unit	1614
Examiner Name	Hanley III, Raymond J.
Attorney Docket Number	0120202

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Please withdraw me as attorney or agent for the above identified patent application, and

all the attorneys/agents of record.  
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or  
 the attorneys/agents associated with Customer Number 49328

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

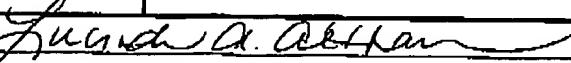
The reasons for this request are: Assignee has failed to pay one or more bills rendered by the petitioner for an unreasonable period of time. We have not been reimbursed for an unreasonable period of time for numerous services rendered to the client in other matters in which the undersigned and/or his firm has represented him. Upon information and belief, we will not be reimbursed for these services.

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1.  The correspondence address is NOT affected by this withdrawal.  
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**OR**

<input type="checkbox"/> Firm or Individual Name	Miravant Medical Technologies, c/o Steven J. Rychnovsky		
Address	7408 Hollister Avenue		
City	Santa Barbara	State	California
Country	USA		
Telephone	<input type="checkbox"/> Email		
Signature			
Name	Lucinda A. Althaus	Registration No.	59,101
Date	10/25/2006	Telephone No.	314-259-2461

**NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.**

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